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ABSTRACT

Many library communities are establishing various services to cope with increasing demand for consumer health information (CHI). This study was engaged to ascertain what is currently being done by the medical libraries in the Akron-Canton-Youngstown (Ohio) region to provide this type of information, particularly what policies, practices, and future plans exist that may expand access and services to the public, rather than simply medical clientele. Fourteen responses to questionnaires distributed to 18 medical libraries in the region revealed that: (1) even though the area had no formalized CHI network in place, each of the four county regions surveyed had at least one library which could be accessed by consumers for health information, to varying degrees and by various means; (2) while many medical library professionals were in favor of expanding services to the public, concerns of building security, physician privacy, and staffing and budget priorities presented valid obstacles; (3) both proponents and opponents of consumer access generally agreed that a separate facility or section of a facility with consumer materials would be an appropriate way to meet consumer need without disrupting service to the primary clientele; (4) financial support from parent organizations like hospitals would be crucial in establishing CHI networks; and (5) public libraries and lay literature may be more convenient and familiar to the public. A literature review suggests that these survey findings are representative of circumstances and opinion in other regions. Ten tables illustrate the data, and a sample questionnaire is provided. (Contains 38 references.) (Author/BEW)

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CONSUMER HEALTH INFORMATION SERVICES IN MEDICAL LIBRARIES OF THE AKRON-CANTON-YOUNGSTOWN REGION

A Master's Research Paper submitted to the
Kent State University School of Library Science
in partial fulfillment of the requirements
for the degree Master of Library Science

by

Linda A. Hashlamoun

May, 1995

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ABSTRACT

Consumer access to medical information has historically been impeded for a variety of reasons. However, an increasing demand for consumer health information in the last two decades is being met by several major library communities who are establishing health information networks. Within these networks, medical libraries are becoming expanded sources of higher levels of health information for consumers. The Akron-Canton-Youngstown region has no formal network of providing access to consumer health information. This study, using a modified Delphi technique, was to determine if the regional medical libraries are providing expanded sources of health information to consumers and to what degree. A questionnaire survey with open-ended as well as closed-ended questions was sent to the region's medical librarians to assess their policies, practices, and future plans, if any, of providing reference services and resources to consumers. The results indicated that each of the four county regions surveyed had at least one library which could be accessed by consumers for health information, but to varying degrees and by various means. The medical library community was almost evenly divided on the policy question of whether medical libraries should be open to the public as extended sources of health information.

Master's Research Paper by

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INTRODUCTION

Consumer health information (CHI) demand has been on the increase for the past two decades, as can be evidenced by the growth in CHI publications.[1] Yet, no one type of organization has formally taken the responsibility to provide CHI resources and services to consumers on a systematic basis.[2]

Long-standing traditions have kept much of the medical information within the private realm of the health care professionals, and patients/consumers have had to trust in the abilities of their physicians. In spite of progress during this century's last quarter in personal rights to access information with the Freedom of Information Act and Patient's Bill of Rights, there is still hesitation in the dispensation of medical information throughout our society due to fear of liability, fear of encouraging self-diagnosis, adherence to organizational policies, lack of knowledge or time, and fast-changing technologies.

Although public libraries are usually the first stop for general health information, hospital/medical libraries are potential sources for expanded health information services and resources. Medical librarians, as subject specialists, are well-equipped in their knowledge and abilities to evaluate the health resources. Since they have access to a higher level of resources and information retrieval tools, they can provide a higher level of service. Thus, hospital/medical libraries can provide a valuable service to their communities.

In order to provide these services and resources, hospital/medical libraries must overcome certain barriers. These obstacles include shortage of staff and time, lack of financial support, and lack of administrative support. Issues that must be addressed include: policy guidelines for CHI reference services, collection development of CHI resources, information malpractice liability, referrals from and networks with other libraries, patient/consumer education involvement, community outreach, and education and experience of librarians.

STATEMENT OF THE PROBLEM

The Akron-Canton-Youngstown region has not developed a formal network of providing access to consumer health information, as some other communities have done. A study was conducted to answer the questions:

1. What is currently being done by the hospital/medical libraries in the Akron-Canton-Youngstown region to provide the community with health information?

2. Are these libraries and their parent organizations willing and able to provide this valuable service to their community?

RESEARCH OBJECTIVES

The objectives of this study were to determine if hospital/medical libraries are:

1. Receiving an increase in referrals or direct queries from consumers.

2. Opening their collections and providing services to the public.

3. Developing separate CHI reference sections.

4. Developing separate patient/consumer libraries.

5. Becoming involved in patient/consumer education.

6. Becoming involved in community outreach.

7. Developing policies to handle the sensitive and legal aspects of CHI delivery.

8. Updating the skills and education of their librarians.

9. Able to overcome the obstacles of staff and time shortages and lack of financial and administrative support.

DEFINITIONS OF TERMS

In this study, "medical library" includes both hospital and medical school libraries.

"Consumer health information" is any type of information needed and used by members of the public to help meet their health care needs.

"Services" encompasses reference, research, referral, interlibrary loan, bibliographic instruction, and consultation.

LIMITATIONS OF THE STUDY

This study was only conducted in a four-county (Summit, Portage, Mahoning, and Stark) region of Ohio due to time and funding constraints, and thus may not be generalized to all regions nationally or statewide.

This study only surveyed medical libraries. A survey of public libraries in approximately the same region of Ohio was being conducted simultaneously by Marsha Drake, a Kent State University School of Library and Information Science graduate student.

SIGNIFICANCE OF THE STUDY

Health care is one of the nation's top consumer issues. The current transformation of the health care system necessitates the rapid flow of vital medical information from the laboratory bench to the consumer. Medical libraries have the trained staff and the resources to increase this flow and have a responsibility not to impede it. This study will determine if regional libraries are meeting this responsibility.

LITERATURE REVIEW

Consumer access to medical information has historically been impeded for a variety of reasons. Physician authoritarianism has been standard medical practice since the beginning of medicine. Medicine was intertwined with magic, and patients' rights did not exist until very recently. Prescriptions were written in Latin which excluded any patient participation in decision-making.[3] Yet, the physician-patient relationship was strong, and physicians were seen as comforters and healers as they became involved in whole family care through house calls, expecting the patient to discuss his malady at length.[4]

In today's modern society consumer access to medical information is still limited. On the national level, this is largely due to the lack of leadership in coordinating an organized access system, and on the local level, to the genuine fear of liability for information dispensed. However, the responsibility of providing consumers with health information still exists, especially since the demand for health information from consumers has steadily been increasing during the past two decades.

In 1972, consumer health information (CHI) was formally recognized by the American Hospital Association through its Patient's Bill of Rights, which stated that "the patient has the *right to receive from his physician complete current information* ... in language the patient can understand."[5]

Unfortunately, the time allotted to each patient by the physician is usually insufficient to encourage patient question-asking and may even lead to diminished care of the patient. Morrell et al.[6] and Roland et al.[7] reported that the average consultation time of 5.5 - 6.6 minutes (range of 0.7 to 29.9 minutes) per patient was inadequate for thorough examinations and history-taking, left little time for good-record keeping, and left no time for patient education or communication. In addition, as more physicians specialize in technical procedures (which receive higher reimbursement), there are fewer primary care physicians, leaving less opportunity for questions and answers.[8] The physician-patient relationship has become impersonal, and communication has weakened.[9]

Lindner, a registered nurse and librarian, believes there may be an information gap between what physicians are saying to their patients and what patients really want to know. She

has found that the physician-patient relationship is enhanced when both patient and physician gather information to share, especially with the great volume of medical literature in existence today. Not only does it help the physician to keep current with the literature, but it also empowers the patient.[10]

Patient education has also theoretically been part of the nurse's role but has not been so in reality due to inadequate education and training,[11] although nurses have been better prepared for this role than physicians.[12] One good example of nurses' involvement has been their contributions to childbirth education classes.

In the past few years, hospitals have rediscovered that consumer health or patient education centers make good marketing tools.[13] With services such as "Ask a Nurse," radio spot infomercials, and consumer-oriented resource centers, hospitals are attempting to attract prospective clients. However, using patient education to achieve patient compliance to serve the health care professional is a serious misuse of information, and the consumer should beware.[14]

Even with these new medical consumer services, many health care workers, such as nurses or technologists, and medical librarians, when approached by patients for additional information, still refer patients back to their physicians, either due to lack of knowledge, reluctance to take responsibility, or fear of liability.[15] The patient must resort to researching the literature directly for answers.

Thus, the patient has become consumer and is taking individual responsibility for personal health. Spiralling costs of health insurance and health care, alternative choices for treatments, medical information overload for health care professionals, and conflicting evidence regarding procedures and products have made consumers become more aggressive in protecting their own interests. In addition, progressive lifestyle changes in society, such as the prevention of disease and maintenance of health, the aging population, health care reform, the growth of nurse practitioners, and the use of alternative therapies are indications that the consumer health information (CHI) field is ripe.

Moeller and Deeney documented the need for CHI through a survey of the community of Overlook Hospital in Summit, New Jersey. Results of a community-wide questionnaire survey showed that 7 out of 10 people needed health information, but 4 out of 10 could not find it.[16] Ferguson, a physician, described three categories of patients/medical consumers: passive patients

who accept what happens without question, concerned consumers who question but obey, and health-active or health-responsible consumers who play an active role in their health decisions. It is this latter group who most often use the library. Reporting the results of New York's Health Strategy Group market research for this century's last quarter, Ferguson shows that the percentage of passive patients has decreased from 85-95% to 30-40%, whereas the percentage of health-active consumers has increased from 1-2% to 20-25%. Concerned consumers make up the largest category (40-50%). Ferguson predicts that the authoritarian style of conventional medicine will be replaced by *clinical negotiation*, in which physician and client together will discuss options, preferences, and course of action.[17]

Perry classified lay users of medical information in libraries into three types: students, corporate representatives, and personal users. The reference interview is important for all three, but especially for the personal user. In the first two cases, the primary decision the librarian must make is how much instruction versus how much research to provide for these users. For the personal user who may be uncomfortable with or unsure of his query, the librarian must clarify the information need while maintaining the user's right to privacy. To find the specific purpose of the query, the librarian should investigate with a concerned yet nonjudgmental approach. To ensure privacy, the interview can be conducted away from the reference desk, and a variety of sources can be provided to the user to use at his discretion.[18]

To determine whether a query is of a personal nature or for research, Arcari and Richetelle suggest to ask if the information is needed for a school paper. If the answer is no, then assume it is for personal use. Another way they suggest to distinguish between the two is by the scope of the topic: a personal concern is usually very specific, whereas research is broader in scope.

However, a personal query may be phrased in a more general way due to uncertainty, while a research-related question may be more precise.[19]

La Rocco found the users of the consumer health library to be staff, students, faculty, ambulatory patients, and users referred by public libraries. All had the need to increase their health knowledge, and all had a certain level of sophistication beyond the users of a public library. The lay people, naturally, required more interaction with the librarians, particularly when the professional literature was consulted.[20] Deciding how much medically-related information a librarian should provide has been a much debated topic in the literature and includes discussions

on ethics and information liability. On one hand, the librarian does not want to be accused of practicing medicine without a license; however, the Library Bill of Rights indicates that all libraries should provide information to all people, on all points of views, and challenge censorship.

The general consensus of authors, including Rees,[21] Eakin et al.,[22] Eisenstein and Faust,[23] and Berk,[24] draws the distinction between the acceptable provision of medical information, which promotes self-education, versus medical education, which has the intention of producing a change in behavior, and that the latter is not in the librarian's realm. Librarians are warned not to interpret medical information, give medical advice, provide a diagnosis, or recommend a physician, but are encouraged to provide a full reference and a disclaimer along with any information provided. A 1987 survey of the Health Sciences Librarians of Illinois by Hurych and Glenn found that 87.5% felt that librarians should not attempt any interpretation, and 55.8% disagreed with the ALA code of ethics statement that all materials should be available to all patrons.[25]

Yet, a growing consumer demand for health care information poses new challenges for CHI librarianship, whether in a hospital or a public library. Librarians face growing pressure to interpret, translate, and evaluate information for their clients. Rothstein believes the role of medical librarians should be re-examined as they are increasingly seen as part of the health care information team.[26] Wood and Renford also note the changing role and state that medical librarians need to balance the values of taking responsibility of providing relevant information to patients and that of restricting access, thus interfering with the Freedom of Information Act. However, they believe that the public librarian should avoid interpretations.[27]

Puckett believes health sciences librarians should take a more active role in helping clients evaluate and determine the validity of information, yet should protect themselves against lawsuits. She encourages the use of disclaimer statements, liability insurance, and proper educational credentials. Furthermore, she advocates using traditional methods to avoid lawsuits, including: 1. a collection policy to maintain currency, 2. continuing education to update skills, 3. a search request form to document the query, 4. a thorough reference interview, and, 5. referral to a subject expert, when necessary.[28]

Consumer health librarians must reach beyond bibliography into context, yet guard against giving diagnosis or recommending treatments, according to La Rocco, suggesting to limit choices

to standard recognized works, such as those from the Brandon and Hill core lists of medical literature.[29]

Hafner states that the risk of liability for librarians is small because of the legal doctrine of vicarious liability, where one party (the physician) is responsible for the negligent actions of another (the librarian). Yet, he proposes steps to prevent such problems, such as continuing education, peer review of searches, client evaluation of searches, and establishing guidelines for medical literature searches.[30]

Lindner notes the 1982 mandate to open medical libraries to health consumers, stated in the *President's Commission on Ethical Practices*, and the state laws that guarantee confidentiality for library patrons. Providing medical information to a patient only through his or her physician "breaches the patient's confidentiality and breaks the law by revealing the question to a third party, the physician."[31]

Paterson feels that health information, which has been provided readily to professionals, needs to be redistributed to the lay public to raise its self-knowledge. She suggests that librarians coordinate with health professionals to provide new services out of the public library, such as loaning blood pressure cuffs, showing health-related films, and organizing self-help mini-workshops at the library.[32]

Publishers have responded to the need for consumer health information, as can be evidenced in the growth of lay medical literature in the forms of guidebooks, dictionaries, directories, encyclopedias, journals, and drug references. In the *Consumer Health Information Source Book*, Rees identified four types of health-related information: access information (how to select providers, hospitals, institutions, and modes of finance); disease information (diagnosis, treatment, and prognosis); coping information (management of chronic and disabling conditions); and medical ethics information (conflicting and moral issues).[33] A content analysis of the 60 popular health periodicals covered in the *Consumer Health and Nutrition Index* revealed there were 15 major subject categories: medical consumerism, nutrition, sexually transmitted diseases, women's health, cancer, immune system, dental care, eating disorders, weight control, heart disease, alternative medicine, exercise and fitness, children, elderly, and substance abuse.[34]

Database sources for consumer health information are also becoming available in both online and CD-ROM form. In 1985, CHID (Combined Health Information Database), a joint

project of six federally funded agencies in the Public Health Service, became available to provide access to health resources and patient educational materials for both professionals and the public.[35] In 1989, Information Access Company (IAC) introduced three health-related databases: Health Periodicals Database, which indexes 80 professional journals, 120 consumer health magazines, and selected health articles from the general periodical literature; Health Index Plus, the abridged CD-ROM version, and Health Reference Center, which indexes 40 professional journals, the consumer health magazines, selected articles from the general periodicals, plus materials from five consumer health texts.[36]

Studies have been conducted to evaluate the quality of CHI services offered by public libraries. One study showed that although current resources were available in the library to supplement information originally given to patrons by their physicians, the accuracy rate of the information provided by the librarians was only 65%, as verified by physician review.[37] Another survey found that the main problems in public library CHI reference included unclear queries (44%) and lack of resources (37.9%). The authors stated that there were problems with in-depth questions and referral was not used as frequently as it should have been. Three major needs were identified: additional resources, assistance in collection development, and continuing education workshops; in addition, a cooperative library network was desired.[38]

A 1990 survey of all U.S. registered hospitals was conducted by the American Hospital Association (AHA) showing that 31.6% of U.S. hospitals had on-site libraries that met four definitional criteria. Of these hospital libraries, 37.7% said they provided patient/consumer education services, and 50% said they provided services to the community.[39]

That same year, an AHA management advisory recommended library use by patients and library staff involvement in their hospital's patient education programs.[40]

A 1991 American Medical Association (AMA) resolution, "Patient and Family Use of Medical School and Hospital Libraries," proposed that the AMA encourage hospital and medical school libraries to become accessible to patients and their families. A survey was conducted to collect information about library accessibility to patients. Results showed that 51.1% of the libraries were classified as public institutions. Access without restrictions was allowed by 58.1%, and restricted access (such as by physician approval only) was permitted by 19.9%. No access to patients was allowed in 22% of the libraries. Two reasons were given for disallowing patient

access: 1. lack of space and staff, or, 2. presence of a separate patient education library. Sixty-seven percent reported they had a separate nontechnical library. Proponents of patient access (89.6%) stressed the importance of informed decision- making for the patient. Opponents of patient access stressed patients' lack of educational context for interpreting medical information. The AMA decided against adopting the resolution because they felt the intent was being met, and they did not want to overburden these libraries which were already struggling.[41]

In comparison, a Canadian survey of 17 medical libraries affiliated with McGill University's Medical and Health Libraries Association found that 58.8% of the libraries allowed only restricted patient access; the patient had to have permission from a health professional. That the average number of requests per month was less than one can be of no surprise. The majority of the consumers (71.4%) relied on their physicians for information, and 35.7% relied on their public libraries.[42]

In the National Library of Medicine Long Range Plan, Panel Two Report, the planners described the year 2006 scenario as having a "more health-conscious consumer population" and that a "system of information to support the consumer needs must be in place." They predicted that a significant body of literature on health protection and maintenance will exist, and that assisting health-care professionals in providing "appropriate health information for consumers will be a highly valued service." The Panel members addressed the need for responsible organization of the lay health literature from its present state of disarray.[43]

Nationwide, different types of organizations have been solving their own CHI management questions. The selected following describe CHI services offered by a hospital, a health sciences library, a consumer organization, and a medical school library.

At West Suburban Hospital Medical Center in Illinois, a Health Information Center was established after repeated requests by frustrated patients and health professionals who were not finding suitable materials. Lobbying efforts by the Library and Health Education departments won administrative support.[44]

The Claude Moore Health Sciences Library at the University of Virginia Health Sciences Center, noting a growing demand for CHI materials, initiated several projects, including establishing a CHI section in reference, assisting the Division of Nursing in managing patient

Planetree Health Resources Center, a nonprofit consumer health organization with locations in San Francisco and The Dalles, Oregon, provides medical resources to the public. They developed a CHI library classification scheme to improve access and provide a fee-based service for extended research.[46]

The Ellen Gartenfeld Health Information Network (EGHIN) at the University of Miami School of Medicine is a medical-school based consumer health service, offering consumers and health professionals a wide spectrum of resources, including a core collection of CHI materials, access to the professional collection, and sophisticated information retrieval tools.[47]

RESEARCH QUESTIONS

The Akron-Canton-Youngstown region has no formal network to provide consumer health information to its citizens. How are the region's libraries meeting this need? Are the medical libraries able and willing to provide expanded health information to increasingly sophisticated consumers over and above what is available at the public libraries? Do health-conscious consumers have sufficient access to health information to become informed decision-makers?

It was the intention of this study to explore the issues of consumer health information access in this region, to draw a profile to determine the strengths and the weaknesses of our medical libraries in providing CHI access, and to determine plans and possibilities for the future.

METHODOLOGY

RESEARCH DESIGN

A modified Delphi survey was used for this study, which was of both an exploratory and an evaluative nature. The tool was a questionnaire consisting of a combination of multiple choice and open-ended questions to get firm data as well as professional opinions. The questions were designed to determine what practices and policies are currently being used by medical libraries in the region and what potential services they might add in the future. The goal was to answer the stated research objectives and to develop a profile of the medical libraries in the region regarding the provision of expanded consumer health information.

PRETEST

A pretest was conducted using four randomly selected medical libraries in Cuyahoga County. All four questionnaires were thoroughly completed and no additional suggestions were made.

SAMPLING AND RESPONSE RATE

Eighteen medical libraries in Summit, Portage, Stark, and Mahoning Counties were identified using the Ohio Directory of Libraries, the American Library Directory, and the regional telephone books. Each was contacted by phone in advance, and seventeen libraries agreed to participate in the survey. Of the seventeen questionnaires sent out, fourteen were returned for a response rate of 77%. Follow-up calls to the remaining three libraries yielded verbal agreement to participate but no actual returns of the questionnaires.

ANALYSIS OF DATA

DESCRIPTION OF RESPONDENTS

The 14 respondents included 11 hospital-based medical libraries, 1 hospital-based nursing library, 1 circuit library, and 1 medical school library. Of the 13 hospital libraries, the average staff size was 2 full-time personnel and 1.6 part-time personnel. All of the libraries except one had at least one M.L.S.-degreed librarian; 64% had only one M.L.S.-degreed librarian. None of the librarians had a second graduate degree in a scientific discipline.

Continuing education classes were taken, on the average, 1.5 times per year, with the mode being 2 times per year.

Forty-three percent (43%) reported annual budgets in the range from $100,000-200,000. About one-fifth (21%) had budgets over $200,000. Over one-third (36%), however, did not supply budget information.

ACCESSIBILITY TO LIBRARY

All of the libraries allowed access to all health care professionals, including physicians, nurses, allied health, medical and nursing students, and medical researchers. Half of the libraries restricted patient access to those with physician approval; only 21% had unrestricted access to patients, yet, 29% were open to the general public.

Half of the libraries had a separate patient library; 71% of these patient libraries were open to the public (Table 1).

RESOURCES

CHI resources were kept by half of the libraries, and of these, 29% kept them in a separate section of the library. Forty-three percent (43%) allowed circulation of CHI resources to patients, and only 29% allowed circulation to the public. CHI resources were reportedly used by health care professionals in the majority (71%) of those libraries (Table 2).

Table 1. Accessibility to medical library (n=14)		
	n	%
Open to all health care professionals	14	100
Patient access restricted to physician approval	7	50
Separate patient library available	7	50
Medical library open to the public	4	29
Medical library open to patients	3	21
Medical library open to physicians only	0	0

Table 2. Consumer Health Information (CHI) resources		
	n	%
Medical library contains CHI resources	7	50
CHI resources used by health care professionals	5	71
CHI resources circulate to patients	3	43
CHI resources circulate to the public	2	29
CHI resources kept in a separate section of library	2	29

REQUESTS AND REFERRALS

An increase in CHI requests from health care workers , from the public, and from patients, was reported by 57%, 50%, and 43% of the libraries, respectively, in the past 5-10 years. The actual percentages may actually be higher since roughly one-third of the librarians have been on staff for less than five years and could not comment on this inquiry (Table 3).

Over half (57%) got referrals from non-medical libraries. The majority of these (75%) got 1-10 referrals per month, and 25% got 10-50 referrals per month from public libraries. Only one library reported referrals from an academic library. Half of those getting referrals have seen an increase in the past 5-10 years (Table 4).

SERVICES

Seventy-one percent of the libraries provided some patient services, with over half (57%) providing reference and about one-third (29%) providing bibliographic instruction. Only three libraries provided database searches, and only 2 libraries provided interlibrary loan services to patients.

Fifty percent provided some services to the public. Forty-three percent provided reference, and about one-third (29%) provided bibliographic instruction. Only 2 libraries provided database searches, and only 2 libraries provided interlibrary loan services to the public (Table 5).

In half of the libraries surveyed, the administration formally supports CHI services but only 36% financially support CHI services. Plans to increase CHI services to consumers were reported by 43% of the libraries. Only one library has a cost-recovery plan for services to patients or the public (Table 6).

POLICY GUIDELINES

The issue of avoiding the practice of medicine has been addressed by four libraries, or approximately one-third of those surveyed. One library places a label on materials indicating that the intent is to provide information, not medical advice or treatment. One refers requestors to their physicians or health professionals. Two libraries quote sources and invite requestors to

Table 3. Increase in CHI requests in the past 5-10 years		
	n	%
From health care professionals	8	57
From non-medical libraries	7	50
From the public	7	50
From patients	6	43

Table 4. Referrals from non-medical libraries		
	n	%
Get referrals from non-medical libraries	8	57
Get 1-10 referrals per month	6	75
Get 10-50 referrals per month	2	25
Referrals are from public libraries	14	100
Referrals are from academic libraries	1	12

Table 5. Services to patients and the public	To patients		To the public	
	n	%	n	%
Reference	8	57	6	43
Bibliographic instruction	4	29	4	29
Online/CD-ROM searches	3	21	2	14
Interlibrary loan	2	14	2	14
None	4	29	6	43

Table 6. Support for CHI services		
	n	%
Administration verbally supports CHI services	7	50
Administration financially supports CHI services	5	36
Have plans to increase consumer access to CHI	6	43
Have a cost-recovery fee plan for CHI services	1	7

use the library resources or the public library resources themselves.

The issue of information malpractice has been dealt with by two libraries, one also being the only library which charges a fee. They both quote from the source, cite the source, and explain that there may be more information on the topic. One is also considering the use of disclaimer statements (Table 7).

PATIENT EDUCATION/COMMUNITY OUTREACH

Participation in patient education was reported by 36% of the libraries and in community outreach programs by 21% of the libraries. Nursing assumes sole responsibility for patient education in 64% of the cases. A combination of professions share the responsibility in 14%, or 2, of the cases (Table 8).

PROFESSIONAL OPINIONS

All of the libraries agreed that medical libraries have a higher level of health resources and subject specialists than do public libraries, and that an informed consumer makes a better patient.

The majority (93%) agreed that consumers have a right to access medical information and that it is not easy for physicians to keep current with all of the medical literature.

Although the majority (71%) agreed that medical libraries have a responsibility to their communities, consumer access was thought to be discouraged by limited staff time (79%) and by budget constraints (64%). Conversely, about one-third (36%) felt budget constraints do NOT discourage consumer access, and about one-fifth (21%) felt limited staff time does NOT discourage consumer access.

That consumers cannot interpret the medical literature was believed by less than half (43%), and that the threat of self-diagnosis should discourage access was believed by about one-third (29%).

Thirty-six (36%) believed that medical librarians are NOT trained to deal with the public. Only 21% felt that medical libraries should only serve their institutional members. Overall, seven or half of the fourteen libraries surveyed felt that medical libraries should be opened to the public

Table 7. Policy guidelines when dispensing medical information to consumers		
	n	%
Have a policy for avoiding practicing medicine	4	29
Have a policy for preventing information malpractice	2	14

Table 8. Patient education/community outreach programs		
	n	%
Participates in patient education	5	36
Participates in community outreach	3	21

as expanded sources of consumer health information. Six were against the idea. One had no opinion. However, two of the advocates and three of the opponents believed that a separate consumer library would be a better choice (Table 9).

COMMUNITY PROFILE

Although the region surveyed in this study does not have a formal network, each county has a publicly accessible collection of medical literature provided by at least one library.

In Summit County, although none of the medical libraries are open to the public, there are six libraries that can be used by the public, including a hospital-based community health library, a hospital-based women's health resource center, a hospital-based behavioral health center library, and three patient libraries which are open to the public.

In Portage County the state-supported medical school library is open to the public.

In Mahoning County, a medical library, a nursing library, and a public library with a good consumer health information collection, as recommended by the medical library, are all available to the public.

Stark County has one publicly accessible medical collection in a small, hospital-based circuit library staffed daily by volunteers.

Table 9. Professional opinions		
Statements with which you agree:	n	%
Medical libraries have a higher level of health resources than do public libraries.	14	100
Medical libraries have more medical subject specialists than do public libraries.	14	100
An informed consumer makes a better patient.	14	100
Consumers have a right to access medical information.	13	93
It is not easy for physicians to keep current with all of the medical literature.	13	93
Limited staff time discourages consumer access to the medical literature and library services.	11	79
Medical libraries have a responsibility to their communities in offering health resources and services.	10	71
Budget constraints discourage consumer access to the medical literature and library services.	9	64
Medical libraries should be opened to the public as expanded sources of CHI resources	7	50
Consumers cannot interpret the medical literature.	6	43
Medical librarians are not trained to deal with the public.	5	36
Threat of self-diagnosis by consumers should discourage unlimited access to medical information.	4	29
Medical libraries should only serve their institutional members.	3	21

SUMMARY AND CONCLUSIONS

This study was conducted to ascertain what is currently being done by the medical libraries in the Akron-Canton-Youngstown region to provide the community with health information, and how willing and able they and their parent institutions are in providing this valuable service to their community. The results of this study were based on self-reported data and reflect only community findings, but responses were consistent with results of similar studies reported in the literature, lending credibility to the findings.

This particular medical library community is somewhat split on the philosophical question of whether medical libraries should be extended sources of consumer health information for the public. There were slightly more for consumer access to medical libraries than against access.

Reasons for allowing consumer access included: consumers' more responsible roles in health care decisions, better consumer compliance with their therapeutic regimes, empowerment of consumers through information and self-education, and provision of higher level or unique health information not found in consumer health materials.

Reasons for maintaining restricted access included: physicians' need for privacy during research, consultations with colleagues, and teaching in the library, the breadth of the clientele already served, the lack of staff, library space, and budget to serve a broader clientele, and the difference in resources and services needed by medical staff as opposed to those needed by consumers.

Both proponents and opponents of consumer access generally agree that a separate consumer library or even a separate section with consumer materials would be an appropriate way to meet consumers' needs without disrupting service to the primary clientele.

The parent institution, i.e., the hospital administration, is the actual authority and the limiting factor as to how much responsiblity medical libraries can take. Institutional support for the necessary funding, space, and staffing for expanded services to consumers was mentioned as the determining factor by several local hospital libraries. Without support, librarians would be overtasked and quality to the primary clientele, i.e., medical professionals, could be compromised.

Support from the health care professionals for consumer access is important for political reasons. Their beliefs, whether for or against consumer access, can heavily influence hospital

policy. If they are receiving more questions from their patients, then health professionals may welcome a place to send them to for more information. Conversely, many health professionals prefer to remain in control of information.

Another issue mentioned was security. Public access to the library may require increased security both in the library and in the corridors leading to the library. Physical misuse, theft, or vandalism of materials could also possibly occur.

Each medical library sub-community in this survey has dealt with the issue of consumer access independently. Stark County is the most lacking in consumer health information resources, especially if compared to the other counties with respect to geography and population, as shown in Table 10. Only one small medical collection is accessible by the public. This region could benefit the most if the medical libraries opened their doors to the public, or if separate consumer libraries were to be established.

The other three counties have either more or larger collections available to the public. Mahoning County libraries provide a multi-level selection of lay to professional materials through the public, nursing, and medical libraries. Summit County offers six access sites for consumer health materials, including the new community health information center. The state-supported medical school library resides in Portage County.

The public library is the most appropriate place for first-level, or layperson, consumer health information and may be more convenient and familiar to the public. However, when questions regarding cutting-edge research or alternative therapies cannot be found in the lay literature, consumers *and public librarians* need to know that additional information is available and they need to know where it is located. A health information network, which is basically an *organized* referral system, within a community helps to serve all members of the community to obtain all levels of health information. The Akron-Canton-Youngstown region could benefit from such a network.

Table 10. Comparison of the four-county regions by geography and population.

County	Population[1]	Square miles[2]	No. of libraries accessible by consumers for CHI resources	No. of medical libaries open to consumers for CHI resources
Summit	514,990	412	6	0
Stark	367,585	574	1	1
Mahoning	264,806	417	3	1
Portage	142,585	493	1	1

[1] *1990 Ohio Population, U.S. Dept. of Commerce, April 1991.*

[2] *County and City Data Book, U.S. Dept. of Commerce, 1988.*

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APPENDIX

SURVEY QUESTIONNAIRE

Please check the appropriate line or box which applies to your library. Write in comments as necessary.

A. STAFF/BUDGET

1. How many employees work in your library? ____ Full-time ____ Part-time
2. How many librarians with M.L.S. degrees are on your staff? _____
3. How many of these have a 2nd graduate degree? _____
4. In what discipline(s) is the 2nd degree? _____
5. How many non-M.L.S. librarians are on your staff? _____
6. How many non-M.L.S. librarians have another graduate degree? _____
7. In what discipline(s) is this degree? _____
8. How often are Continuing Education courses taken by library staff? _____ times per _____
9. What is the total annual budget for library expenditures, including materials, services, salaries, and benefits? $_____ per year

B. ACCESSIBILITY

	YES	NO
1. Is your library open to physicians only ?	☐	☐
2. Is your library open to all health care professionals, including nurses and allied health workers, medical and nursing students, and researchers?	☐	☐
3. Is your library freely open to patients?	☐	☐
4. Is your library restricted only to patients who have approval from their physician or other health care worker?	☐	☐
5. Is your library open to the general public?	☐	☐
6. Is there another library in your institution which serves patients?	☐	☐
7. If you have a separate patient library, is it open to the public?	☐	☐

C. RESOURCES

	YES	NO
1. Does your library contain consumer health information (CHI) resources?	☐	☐
2. If yes, are they kept in a separate section?	☐	☐
3. If yes, do they circulate to patients?	☐	☐
4. If yes, do they circulate to the public?	☐	☐
5. Are CHI resources used by health care professionals for patient education?	☐	☐

D. REQUESTS

1. Have you seen an increase in CHI requests from health care workers in the past 5-10 years?	☐	☐
2. Have you seen an increase in CHI requests from patients in the past 5-10 years?	☐	☐
3. Have you seen an increase in CHI requests from the public in the past 5-10 years?	☐	☐
4. Do you get referrals from non-medical libraries?	☐	☐

5. If yes, approximately how many referrals do you receive per month?

☐ 1-10 ☐ 10-50 ☐ 50-100 ☐ >100

6. From what type(s) of libraries?

☐ Public ☐ Special ☐ Academic

7. Have you seen an increase in referrals from non-medical libraries in in the past 5-10 years?	☐	☐

E. SERVICES

1. Which of the following services, if any, do you provide to patients?

☐ Reference ☐ Bibliographic instruction ☐ Online searches ☐ ILL

2. Which of the following services, if any, do you provide to the general public?

☐ Reference ☐ Bibliographic instruction ☐ Online searches ☐ ILL

	YES	NO
3. Does your administration formally support CHI services?	☐	☐
4. Does your administration financially support CHI services?	☐	☐
5. Does your library have plans to increase consumer access to medical information?	☐	☐
6 Do you have a cost-recovery fee assessment for services to patients or to the public?	☐	☐

F. POLICY GUIDELINES

1. Does your library have a policy for avoiding "practicing medicine" when dispensing health information to consumers (patients or public)? If yes, please describe briefly or enclose a copyof your policy.	☐	☐
2. Does your library have a policy for preventing "information malpractice" when dispensing health information to consumers? If yes, please describe briefly or enclose a copy of your policy.	☐	☐

G. PATIENT EDUCATION/COMMUNITY OUTREACH

	YES	NO
1. Does your library participate in consumer health community outreach programs?	☐	☐
2. Does your library participate in patient education?	☐	☐

3. Which hospital department has primary responsibility for patient education?

H. PROFESSIONAL OPINION

1. With which of the following statements do you agree? (Check all that apply.)

	AGREE	DISAGREE
Medical libraries have a higher level of health resources than do public libraries.	☐	☐
Medical libraries have more medical subject specialists than do public libraries.	☐	☐
An informed consumer makes a better patient.	☐	☐
Consumers have a right to access medical information.	☐	☐
It is not easy for physicians to keep current with all of the medical literature.	☐	☐
Medical libraries have a responsibility to their communities in offering health resources and services.	☐	☐
Medical libraries should only serve their institutional members.	☐	☐
Budget constraints discourage consumer access to the medical literature and library services.	☐	☐
Limited staff time discourages consumer access to medical library services.	☐	☐
Medical librarians are not trained to deal with the public.	☐	☐
Consumers cannot interpret the medical literature.	☐	☐
Threat of self-diagnosis by consumers should discourage unlimited access to medical information.	☐	☐

2. Overall, do you think it is a good idea to open medical libraries to the public as expanded sources of consumer health information? Why or why not?